

EXHIBIT “A”

U.S. Department of Justice
United States Attorney's Office
Southern District of Texas
11204 McPherson Road, Suite 100A
Laredo, TX 78045-6576
Official Business



7020 0640 0000 9691 5740



US OFFICIAL MAIL >>> PENALTY FOR PRIVATE USE \$500
ZIP 78045 \$ 007.05
02 4W
0001131736 SEP 17 2020

MR. JOSE SALVADOR TELLEZ, II
TELLEZ LAW
1000 WASHINGTON STREET #1
LAREDO TX 78040

DO NOT WRITE IN THESE SPACES
DO NOT WRITE IN THESE SPACES
DO NOT WRITE IN THESE SPACES

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

MR. JOSE SALVADOR TELLEZ, II
TELLEZ LAW
1000 WASHINGTON STREET #1
LAREDO TX 78040

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

B. Received by (Printed Name)

C. Date of Delivery

D. Is delivery address different from item 1? ☐ Yes
If YES, enter delivery address below: ☐ No



9590 9402 6146 0209 2321 35

2. Article Number (Transfer from service label)

7020 0640 0000 9691 5740

3. Service Type

- | | |
|--|---|
| <input type="checkbox"/> Adult Signature Restricted Delivery | <input type="checkbox"/> Priority Mail Express® |
| <input type="checkbox"/> Certified Mail® | <input type="checkbox"/> Registered Mail™ |
| <input type="checkbox"/> Collect on Delivery | <input type="checkbox"/> Registered Mail Restricted Delivery |
| <input type="checkbox"/> Collect on Delivery Restricted Delivery | <input type="checkbox"/> Return Receipt for Merchandise |
| <input type="checkbox"/> Insured Mail (over \$500) | <input type="checkbox"/> Signature Confirmation™ |
| <input type="checkbox"/> Insured Mail Restricted Delivery | <input type="checkbox"/> Signature Confirmation Restricted Delivery |

PS Form 3811, July 2015 PSN 7530-02-000-9053

Domestic Return Receipt

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

MR. JOSE SALVADOR TELLEZ, II
TELLEZ LAW
1000 WASHINGTON STREET #1
LAREDO TX 78040



9590 9402 6146 0209 2321 35

2. Article Number (Transfer from service label)

7020 0640 0000 9691 5740

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X Priscilla Villanueva

☐ Agent

☐ Addressee

B. Received by (Printed Name)

Mr. C. C. C. C.

C. Date of Delivery

9-21-20

D. Is delivery address different from item 1?

☐ Yes

If YES, enter delivery address below:

☐ No

3. Service Type

☐ Adult Signature

☐ Adult Signature Restricted Delivery

☐ Certified Mail®

☐ Certified Mail Restricted Delivery

☐ Collect on Delivery

☐ Collect on Delivery Restricted Delivery

☐ Insured Mail

☐ Insured Mail Restricted Delivery (over \$500)

☐ Priority Mail Express®

☐ Registered Mail™

☐ Registered Mail Restricted Delivery

☐ Return Receipt for Merchandise

☐ Signature Confirmation™

☐ Signature Confirmation Restricted Delivery